PTC/SB/22 (01-08)
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on persons are required to respond to a professional comment.

Olidei	ute rapetwork r	reduction Act or 1995, no persons are require	ed to respond to a collection	t di intormation digess il disp	lays a valid OMB control number
PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008				Docket Number (Optional) 0943-0166PUS1	
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)				0943-0	1001 001
Application Number 10/579,193-Conf. #6727				Filed	May 12, 2006
For DRIVE DEVICE FOR ULTRASONIC LINEAR MOTOR					
Art Unit	2834			Examiner	B. P. Gordon
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
			<u>Fee</u>	Small Entity Fee	
Į	X One mo	onth (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00
[Two mo	onths (37 CFR 1.17(a)(2))	\$460	\$230	\$
[Three r	months (37 CFR 1.17(a)(3))	\$1050	\$525	\$
	Four m	onths (37 CFR 1.17(a)(4))	\$1640	\$820	\$
[Five mo	onths (37 CFR 1.17(a)(5))	\$2230	\$1115	\$
Applicant claims small entity status. See 37 CFR 1.27.					
=	Payment by credit card. Form PTO-2038 is attached.				
=				innlication to a Poss	eit Account
C)					
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448 . I have enclosed a duplicate copy of this sheet.					
WARNING: Information on this form may become public. Credit card information should not be included on thi Provide credit card information and authorization on PTO-2038.					
l am		applicant/inventor.	UII F 10-2038.		
assignee of record of the entire interest. See 37 CFR 3.71.					
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
	×	attorney or agent of record. Re	gistration Number	43,368	
		attorney or agent under 37 CFF			
		Registration number if acting u	,		
#6/00)			April 18, 2008		
Signature			Date		
Paul C. Lewis			(703) 205-8000		
Typed or printed name Telephone Number NOTE: Signatures of all the inventors or assignees of record of the entire inferest or their representative(s) are required. Submit multiple forms if more					
than one signature is required, see below,					
	Total of	1 forms are subr	mitted.		